

State of Tennessee



Department of State

Corporate Filings

312 Eighth Avenue North

6th Floor, William R. Snodgrass Tower

Nashville, TN 37243

**APPLICATION FOR CANCELLATION
OF CERTIFICATE OF AUTHORITY
(LIMITED LIABILITY COMPANY)**

For Office Use Only

To the Secretary of State of the State of Tennessee:

Pursuant to the provisions of §48-246-401 of the Tennessee Limited Liability Company Act or §48-249-907 of the Tennessee Revised Limited Liability Company Act, the undersigned Limited Liability Company hereby applies for a certificate of cancellation from the State of Tennessee, and for that purpose sets forth:

1. The name of the Limited Liability Company is _____

If different, the name under which the certificate of authority was obtained is _____

2. The state or country under whose law it is organized is _____.

3. The Limited Liability Company is not transacting business in the State of Tennessee and surrenders its authority to transact business in this state.

4. Indicate which of the following statements apply by marking the applicable box:

- ☐ The Limited Liability Company continues its registered agent and registered office in the State of Tennessee.
- ☐ The Limited Liability Company hereby revokes the authority of its registered agent to accept service on its behalf and appoints the Secretary of State as its agent for service of process in any proceeding based on a cause of action arising during the time it was authorized to transact business in this state.

5. The mailing address (including zip code) to which the Secretary of State may mail a copy of any process served on him is _____

6. The undersigned Limited Liability Company makes the commitment to notify the Secretary of State in the future of any change in its mailing address.

Signature Date

Name of Limited Liability Company

Signer's Capacity

Signature

Name (typed or printed)